



ASSESSING THE IMPACT OF CHPS AT THE DISTRICT LEVEL

The Nkwanta Health Development Centre (NHDC) was established in November 2001 in an effort to accelerate the CHPS implementation process throughout Ghana by providing technical and operational support. It will represent a CHPS centre of excellence that can be replicated by other lead districts, thereby expanding community health training and orientation capacity throughout the country. The core research team will be led by Dr. John Koku Awoonor-Williams, District Director of Medical Services, and will include Ms. Pamela Quaye, District Public Health Nurse, and Mr. Constant Dedo, District CHPS Coordinator.

To address the fundamental challenges in both access and quality of care, Nkwanta District has pioneered the implementation of a national programme to replicate the Navrongo Community Health and Family Planning Project (CHFP). As the first district in Ghana to replicate the CHFP, Nkwanta has been a leader in establishing a formal programme of scaling up and utilization known as the Community-based Health Planning and Services (CHPS) Initiative.



A Research Assistant collecting data

Nkwanta District currently has seven CHPS implementation zones in operation, located in Sibi, Bonakye, Nyambong, Keri, Bontibor, Obanda and Kecheibi. To date, CHPS coverage accounts for over 34 percent of the district population. Two additional zones—in Azua and Chaiso—are scheduled to be

launched in late 2002, and initial plans to expand CHPS to both Kabite and Alokpatasa by early next year are now being developed. Results of this replication effort are already impressive, confirming the validity of the operational model developed in Navrongo and establishing the feasibility and sustainability of replication of the model with existing district resources. CHPS has thus become the primary mechanism for addressing issues of access to care and extending health care services to the periphery.



Mr. Donkor, Field Supervisor, interviews a district resident

Based on this local initiative, Nkwanta has now reached a level of health care development that has earned it widespread recognition as a centre of excellence in the CHPS initiative. The district plays a prominent role in policy deliberations and national health conferences, and has been identified as a lead district in Ghana for training, health development, and research utilization. Onsite training and demonstration in Nkwanta are integral elements of the district's CHPS initiative, and intensive efforts continue to focus on promoting a system of "learning by doing". Over the course of the past year 13 district teams—including DDHS, DPHN, CHN, and DHMT—visited Nkwanta on CHPS study tours. The Nkwanta DHMT is committed to the concept of CHPS as an approach to developing community-based services according to local needs and circumstances, rather than simply as a means of replicating or recreating the Navrongo

model. In this sense, the district team regards scaling-up of CHPS as a significant step towards decentralization in program planning and management. As the scaling up of CHPS is accelerated throughout Ghana, it will be critical to develop valid and reliable tools for assessing impact of the initiative. In order to achieve optimal results, efforts must focus on documenting the extent to which community-based service delivery is being implemented, and perhaps more importantly, on identifying lessons learned in operationalizing CHPS at both district and regional levels. Initiating early and regular evaluation in lead districts is an essential component of “learning by doing”, and in this sense, developing and testing sound tools for rapid assessment should be regarded as an urgent priority. In light of its leadership role in CHPS implementation, the NHDC is now turning its focus to this very important task.



**Mr. Dedo, CHPS Coordinator,
leading field work**

The multilevel CHPS impact assessment tool includes a cluster questionnaire, a household questionnaire, and an individual questionnaire. A substantial amount of time was dedicated to developing and refining the evaluation questions using a participatory approach; input was solicited from all stakeholders, including administrators, providers, educators, community leaders, and community members. The survey aims to evaluate covariance of exposure to CHPS and changes in healthseeking behavior, knowledge, and health outcomes. For the purposes of the district-level evaluation, 60 clusters were randomly selected by probability proportionate to size, with enumeration areas acting as the unit of analysis or ‘cluster’. Within each cluster, 15 households were randomly selected, and women living in the sampled households between

15 and 49 years of age were interviewed. Recognizing the realities of fiscal constraints, this sampling plan was intended to achieve a balance between cost and statistical power; in this sense, replication of this kind of evaluation should be feasible as CHPS is expanded throughout Ghana. Data analysis will include both cross-sectional and longitudinal components. The NHDC plans to administer the evaluation on an annual basis, revisiting the selected clusters and households within each cluster.



Ready for field work!

In the context of limited resources, the development, testing, and revision of a CHPS impact assessment tool will be instrumental in ensuring that optimal health outcomes are achieved. The NHDC anticipates that this process will highlight a number of problem areas as well as potential solutions. In addition, routine monitoring and evaluation will provide invaluable to decisionmakers at the local, district, regional, and national levels.

All aspects of developing the evaluation instrument will be documented in detail and packaged in the form of a toolkit—covering the process of formulating evaluation questions, sampling designs, interviewer recruitment/training, data collection, data management, and analysis. An extensive field manual will be produced and distributed widely. Finally, dissemination workshops will be organized. These workshops will act as a forum for sharing lessons learned with relevant audiences. As with other components of CHPS implementation, the NHDC is firmly committed to its role as a leader in building capacity in monitoring and evaluation.

Comments? Opinions? Suggestions? Please share your local experiences by writing to:

Putting Success to Work

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